

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-016961

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **281**

Primary Registration District No. **3048**

Registrar's No. **109**

FILED MAY 6 1963

1. PLACE OF DEATH

a. COUNTY

Madaway

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Marxville Mo**

Length of stay in lb

1 hour

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **St Francis Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri**

b. COUNTY **Madaway**

c. CITY
OR TOWN **Parnell Mo**

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Rural

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First

Mary

Middle

(None)

Last

Lyle

4. DATE
OF DEATH

Month

April

Day

26

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Aug 21-1899

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months

7

Days

29

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Gentry County

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Alex Gladstone

13b. MOTHER'S MAIDEN NAME

Nancy Jane Maxwell

14. NAME OF HUSBAND OR WIFE

ELLIS Lyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

880

17. INFORMANT

ELLIS Lyle

Address

Parnell Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Pulmonary Edema

INTERVAL BETWEEN
ONSET AND DEATH

2 hours

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerotic Cardiovascular Disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1962** to **April 26** and last saw her alive on **April 26, 1963**
Death occurred at **4** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. E. Runko M.D.

22b. ADDRESS

Marxville, Mo.

22c. DATE SIGNED

5-1-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

April 29-1963

23c. NAME OF CEMETERY OR CREMATORY

Parnell Cemetery

23d. LOCATION (City, town, or county)

Parnell Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

John Andrew Grant City Mo

25. DATE RECD. BY LOCAL REG.

5-1-63

26. REGISTRAR'S SIGNATURE

Bess Hark

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by John Andrews, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer _____

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.